

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number <i>08/737,904</i>	Filing Date		
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)			
<i>TSSC UPDATE</i>									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
<i>216/106</i>									
22	1								
23	1								
49									
50									
Total Indep	1								
Total Depend	1								
Total Claims	2								
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